

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Republican Party of Wisconsin

ADDRESS (number and street) 148 E. Johnson Street  
 Check if different than previously reported. (ACC)  
Madison WI 53703

2. **FEC IDENTIFICATION NUMBER** C00074450  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2007 through 02 28 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bill Johnson

Signature of Treasurer Electronically Filed by Bill Johnson Date 03 13 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		4485.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	39052.14									
(c) Total Receipts (from Line 19) .....	125693.61	288256.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	164745.75	292741.44								
7. Total Disbursements (from Line 31) .....	118153.96	246149.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46591.79	46591.79								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	27700.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26000.00	66500.00
(i) Itemized (use Schedule A) .....	98424.00	212975.59
(ii) Unitemized .....	124424.00	279475.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	7500.00
(c) Other Political Committees (such as PACs) .....	0.00	124424.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	124424.00	286975.59
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1269.61	1280.44
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	125693.61	288256.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	125693.61	288256.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1858.77	5497.61
(ii) Non-Federal Share.....	6992.59	20681.51
(b) Other Federal Operating Expenditures.....	32313.37	80862.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	41164.73	107041.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	7000.00	7000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2500.00	2500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2500.00	2500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	67489.23	129607.68
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	67489.23	129607.68
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	118153.96	246149.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	111161.37	225468.14

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	124424.00	286975.59
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	121924.00	284475.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	34172.14	86360.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1269.61	1280.44
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32902.53	85080.02

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. William Barry</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 15085 Bending Brae Ct		Transaction ID: SA11A1.27791
City State Zip Code Brookfield WI 53005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Speed Systems, Inc	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Buestrin</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 1000 W Calumet Rd		Transaction ID: SA11A1.27792
City State Zip Code River Hills WI 53217	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer	Occupation Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. James Callan</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 1711 E Dean Rd		Transaction ID: SA11A1.27793
City State Zip Code Milwaukee WI 53217	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer James L Callan Inc	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Michael Cudahy

Mailing Address 9100 N Swan Rd

City State Zip Code  
Milwaukee WI 53224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The endeavors Group, LLC Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: SA11A1.27796

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
David Drumel

Mailing Address N82 W23548 Pitching Wedge Ct

City State Zip Code  
Sussex WI 53089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Good Electric Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: SA11A1.27789

Amount of Each Receipt this Period  
250.00

Best Efforts Compliance

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Thomas Farrell

Mailing Address 323 S Beaumont Rd

City State Zip Code  
Prairie Du Chien WI 53821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Peoples State Bank Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2007

Transaction ID: SA11A1.27856

Amount of Each Receipt this Period  
500.00

Best Efforts Compliance

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Richard Fischer

Mailing Address 9517 N. Wakefield Ct

City State Zip Code  
Milwaukee WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Fin. Cons.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: SA11A1.27797

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dean Fitzgerald

Mailing Address 3205 W County Line Rd

City State Zip Code  
Milwaukee WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Service Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007

Transaction ID: SA11A1.27800

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Vincent Fonti

Mailing Address 1749 Buckhorn Rd

City State Zip Code  
Woodruff WI 54568-9772

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston Inc. & Furniture Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2007

Transaction ID: SA11A1.27802

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. James Fritz</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 3551 Scenic Vista Ct		Transaction ID: SA11A1.27803
City State Zip Code Waterford WI 53185-4739	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Information Requested Receipt For:	Occupation Information Requested Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>B. Phillip Gelatt</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 450 Losey Court Lane		Transaction ID: SA11A1.27805
City State Zip Code La Crosse WI 54601	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Northern Engraving Corp Receipt For:	Occupation Executive Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) <b>C. Jo Ann Greb</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 8861 W wilson Bay Dr		Transaction ID: SA11A1.27807
City State Zip Code Hayward WI 54843	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Retired Receipt For:	Occupation Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Jay Hamann

Mailing Address 558 Pinehurst Avenue

City State Zip Code  
Green Bay WI 54302

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

Transaction ID: SA11A1.27808

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Thomas Hauske

Mailing Address 4664 Fontana Beach Rd.

City State Zip Code  
West Bend WI 53095

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: SA11A1.27810

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Hegwood

Mailing Address S79 W36855 Wilton Road

City State Zip Code  
Eagle WI 53119

FEC ID number of contributing federal political committee. **C**

Name of Employer CCI Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

Transaction ID: SA11A1.27811

Amount of Each Receipt this Period  
300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Dennis Heyde</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address 7539 161st Street		Transaction ID: SA11A1.27813	
City State Zip Code Chippewa Falls WI 53729	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Heyde Health	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 2578 24th St		Transaction ID: SA11A1.27815	
City State Zip Code Rice Lake WI 54868	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Christopher Magiera</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 1506 Pine View Ln		Transaction ID: SA11A1.27817	
City State Zip Code Wausau WI 54403	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer GI Associates SC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Nicholas May

Mailing Address 3102 Old Gate Road, #A

City Madison State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Refrigeration Systems, Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.27818

Amount of Each Receipt this Period  
 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Nelms

Mailing Address 1129 26 3/4th Ave

City Cumberland State WI Zip Code 54829

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Flight Instructor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.27819

Amount of Each Receipt this Period  
 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
William Ross

Mailing Address PO Box 435

City Shawno State WI Zip Code 54166-0435

FEC ID number of contributing federal political committee. **C**

Name of Employer Ross Carbide & Supply Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.27821

Amount of Each Receipt this Period  
 300.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Terence Schmahl

Mailing Address 1925 West Dean Road

City State Zip Code  
River Hills WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
M W Hsi Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2007

Transaction ID: SA11A1.27822

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Frederick Schwertfeger

Mailing Address 13020 Oriole Lane

City State Zip Code  
Brookfield WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Horicon State Bank Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2007

Transaction ID: SA11A1.27825

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Frederick Schwertfeger

Mailing Address 13020 Oriole Lane

City State Zip Code  
Brookfield WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Horicon State Bank Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: SA11A1.27826

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A.</b> Joe Sensenbrenner		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 114 Limeklin Dr		Transaction ID: SA11A1.27827	
City Neenah	State WI	Zip Code 54956	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Brett Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address 3308 Emerald Valley Drive		Transaction ID: SA11A1.27828	
City Onalaska	State WI	Zip Code 54650	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lloyd Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 1629 W Pinewood Ct		Transaction ID: SA11A1.27829	
City Mequon	State WI	Zip Code 53092	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Rita Stilin

Mailing Address 72303 Pufal Rd

City High Bridge State WI Zip Code 54846

FEC ID number of contributing federal political committee. **C**

Name of Employer North Country Lumber Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.27837

Amount of Each Receipt this Period  
 300.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Rita Stilin

Mailing Address 72303 Pufal Rd

City High Bridge State WI Zip Code 54846

FEC ID number of contributing federal political committee. **C**

Name of Employer North Country Lumber Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.27838

Amount of Each Receipt this Period  
 100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Janice Tipple

Mailing Address 4010 Shadows Court

City De Forest State WI Zip Code 53532

FEC ID number of contributing federal political committee. **C**

Name of Employer GI Office Tech Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.27843

Amount of Each Receipt this Period  
 500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Margaret Van Alstyne

Mailing Address 3423 Sunset Dr

City State Zip Code  
Madison WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: SA11A1.27844

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Villa

Mailing Address 1331 S 93rd St

City State Zip Code  
Milwaukee WI 53214

FEC ID number of contributing federal political committee. **C**

Name of Employer Milwaukee County Occupation Chief of Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2006

Transaction ID: SA11A1.27790

Amount of Each Receipt this Period  
500.00

Best Efforts Compliance

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	26000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Sherry Schultz</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 1418 Pleasure Drive		<b>Transaction ID: SA15.27824</b>	
City State Zip Code Madison WI 53704	Amount of Each Receipt this Period 305.53		
FEC ID number of contributing federal political committee. C	COBRA reimbursement		
Name of Employer Occupation RPW Coordinator	Aggregate Year-to-Date ▼ 305.53		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. WE Energies</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 231 W Michigan Street		<b>Transaction ID: SA15.27850</b>	
City State Zip Code Milwaukee WI 53203	Amount of Each Receipt this Period 725.79		
FEC ID number of contributing federal political committee. C	Refund - overpayment of utility bill		
Name of Employer Occupation WE Energies	Aggregate Year-to-Date ▼ 725.79		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. WE Energies</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 231 W Michigan Street		<b>Transaction ID: SA15.27851</b>	
City State Zip Code Milwaukee WI 53203	Amount of Each Receipt this Period 238.29		
FEC ID number of contributing federal political committee. C	Refund - overpayment of utilities		
Name of Employer Occupation WE Energies	Aggregate Year-to-Date ▼ 964.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1269.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1269.61

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Advantage</b>		Transaction ID: SB21B.27959	
Mailing Address 1611 N. Kent Street, STE 905		Date of Disbursement	
City Arlington State VA Zip Code 22209		MM / DD / YYYY 02 / 07 / 2007	
Purpose of Disbursement GOTV calls		Amount of Each Disbursement this Period	
Candidate Name		1268.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. APC</b>		Transaction ID: SB21B.27896	
Mailing Address 6470 East Johns Crossing Suite 100		Date of Disbursement	
City Duluth State GA Zip Code 30097		MM / DD / YYYY 02 / 15 / 2007	
Purpose of Disbursement Conference calls		Amount of Each Disbursement this Period	
Candidate Name		126.63	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. City of Madison Treasurer</b>		Transaction ID: SB21B.27927	
Mailing Address 215 Martin Luther King Blvd		Date of Disbursement	
City Madison State WI Zip Code 53701		MM / DD / YYYY 02 / 21 / 2007	
Purpose of Disbursement Personal property taxes		Amount of Each Disbursement this Period	
Candidate Name		155.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1551.56
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 19 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Expedia</b>		Transaction ID: SB21B.27906 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 3150 139th Avenue SE		Amount of Each Disbursement this Period 10.00	
City Bellvue State WA Zip Code 98005	Purpose of Disbursement Travel service fee	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Globalwise Gifts</b>		Transaction ID: SB21B.27905 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address PO Box 346		Amount of Each Disbursement this Period -11.86	
City Jordan State NY Zip Code 13080	Purpose of Disbursement Crystal elephant refund to CC	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Great Dane Brewery</b>		Transaction ID: SB21B.27912 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 123 E Doty St		Amount of Each Disbursement this Period 75.89	
City Madison State WI Zip Code 53703	Purpose of Disbursement Staff lunch	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Terry Kohler</b>		<b>Transaction ID: SB21B.27961</b> Date of Disbursement 02 / 15 / 2007	
Mailing Address 630 Riverfront Drive		Amount of Each Disbursement this Period 2595.00	
City Sheboygan State WI Zip Code 53082	Purpose of Disbursement Flight reimbursement	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank Credit Card Processing Center</b>		<b>Transaction ID: SB21B.27908</b> Date of Disbursement 01 / 10 / 2007	
Mailing Address PO Box 3052		Amount of Each Disbursement this Period 48.68	
City Milwaukee State WI Zip Code 53201	Purpose of Disbursement CC late fee/finance charge	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Bank Credit Card Processing Center</b>		<b>Transaction ID: SB21B.27903</b> Date of Disbursement 02 / 15 / 2007	
Mailing Address PO Box 3052		Amount of Each Disbursement this Period 753.36	
City Milwaukee State WI Zip Code 53201	Purpose of Disbursement Credit card payment	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3348.36</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID:</b> SB21B.27871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 221.87
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID:</b> SB21B.27962 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 5.00
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Merchant Services</b>		<b>Transaction ID:</b> SB21B.27869 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 480.20
City Madison State WI Zip Code 53705	Purpose of Disbursement Credit card processing fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	707.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Merchant Services</b>		<b>Transaction ID:</b> SB21B.27960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 12.95
City Madison State WI Zip Code 53705	Purpose of Disbursement credit card processing fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Madison Concourse Hotel</b>		<b>Transaction ID:</b> SB21B.27910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 1 West Dayton Street		Amount of Each Disbursement this Period 42.50
City Madison State WI Zip Code 53705	Purpose of Disbursement Staff refreshments Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Milwaukee Athletic Club</b>		<b>Transaction ID:</b> SB21B.27913 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 411 E Wisconsin Ave Ste 600		Amount of Each Disbursement this Period 1053.37
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement Finance committee meeting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1066.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		<b>Transaction ID:</b> SB21B.27907 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 1 Northwest Rd		Amount of Each Disbursement this Period 256.61
City Livonia State MI Zip Code 48152-3938	[MEMO ITEM]	
Purpose of Disbursement Staff airfare Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		<b>Transaction ID:</b> SB21B.27909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 1 Northwest Rd		Amount of Each Disbursement this Period 256.61
City Livonia State MI Zip Code 48152-3938	[MEMO ITEM]	
Purpose of Disbursement Staff airfare Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Paypal, Inc.</b>		<b>Transaction ID:</b> SB21B.27904 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6
Mailing Address #774100, 4100 Solutions Center		Amount of Each Disbursement this Period 19.95
City Chicago State IL Zip Code 60677-4001	[MEMO ITEM]	
Purpose of Disbursement Credit card processing fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Scott Poole</b>		<b>Transaction ID: SB21B.27952</b> Date of Disbursement 02 / 28 / 2007	
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period 498.25	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PostMaster</b>		<b>Transaction ID: SB21B.27865</b> Date of Disbursement 02 / 07 / 2007	
Mailing Address PO Box 7005		Amount of Each Disbursement this Period 1000.00	
City Madison State WI Zip Code 53707	Purpose of Disbursement Business reply mail	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PostMaster</b>		<b>Transaction ID: SB21B.27930</b> Date of Disbursement 02 / 27 / 2007	
Mailing Address PO Box 7005		Amount of Each Disbursement this Period 1000.00	
City Madison State WI Zip Code 53707	Purpose of Disbursement Business reply mail	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2498.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.27866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 2175.00
City Madison State WI Zip Code 53718	Purpose of Disbursement Financel mailing postage - not FEA	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.27918 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 20000.00
City Madison State WI Zip Code 53718	Purpose of Disbursement Finance mailing - not FEA	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walmart</b>		<b>Transaction ID:</b> SB21B.27911 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 4198 Nakoosa Trail		Amount of Each Disbursement this Period 54.98
City Madison State WI Zip Code 53714	Purpose of Disbursement Office supplies	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Wisc. Dept of Revenue - Sls Tax

Mailing Address PO Box 93389

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
Sales/Use tax

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.27928

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

681.69

**SUBTOTAL** of Disbursements This Page (optional) .....

681.69

**TOTAL** This Period (last page this line number only) .....

32028.25

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Bank of Southern Wisconsin</b>		Transaction ID: SB26.27925																					
Mailing Address P.O. Box 5920		Date of Disbursement																					
City Madison State WI Zip Code 53705		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	5		2	0	0	7														
Purpose of Disbursement Payment on LOC Principal		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">7000.00</td> </tr> </table>		7000.00																			
7000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7000.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Oneida Tribe of Indians

Mailing Address PO Box 365

City Oneida State WI Zip Code 54155

Purpose of Disbursement  
Refund of amt over contribution limit

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A.27963

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. American Funds Service Company</b>		<b>Transaction ID:</b> SB30B.27893 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address PO Box 6164		Amount of Each Disbursement this Period 1309.68
City Indianapolis State IN Zip Code 46206	Purpose of Disbursement Employee Simple IRA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. American Funds Service Company</b>		<b>Transaction ID:</b> SB30B.27934 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address PO Box 6164		Amount of Each Disbursement this Period 1160.37
City Indianapolis State IN Zip Code 46206	Purpose of Disbursement Employee Simple IRA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. American Funds Service Company</b>		<b>Transaction ID:</b> SB30B.27935 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address PO Box 6164		Amount of Each Disbursement this Period 248.77
City Indianapolis State IN Zip Code 46206	Purpose of Disbursement Employee Simple IRA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2718.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Dudley Bowlby</b>		<b>Transaction ID:</b> SB30B.27881 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 250 Femrite Drive		Amount of Each Disbursement this Period 913.30
City Madison State WI Zip Code 53716	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dudley Bowlby</b>		<b>Transaction ID:</b> SB30B.27946 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 250 Femrite Drive		Amount of Each Disbursement this Period 581.08
City Madison State WI Zip Code 53716	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Norman Dawson</b>		<b>Transaction ID:</b> SB30B.27870 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address PO Box 698		Amount of Each Disbursement this Period 154.13
City Wycocena State WI Zip Code 53969	Category/ Type	
Purpose of Disbursement Payroll garnishment		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1648.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Norman Dawson</b>		<b>Transaction ID:</b> SB30B.27936 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address PO Box 698		Amount of Each Disbursement this Period 75.99
City Wyocena State WI Zip Code 53969	Purpose of Disbursement Payroll garnishment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Dean Care</b>		<b>Transaction ID:</b> SB30B.27931 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address PO Box 88610		Amount of Each Disbursement this Period 7346.70
City Milwaukee State WI Zip Code 53288	Purpose of Disbursement Health insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Richard Dickie</b>		<b>Transaction ID:</b> SB30B.27882 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period 1226.74
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8649.43</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Richard Dickie</b>		<b>Transaction ID: SB30B.27947</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period 1149.96
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jason Gammeter</b>		<b>Transaction ID: SB30B.27883</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 367 East Monroe St		Amount of Each Disbursement this Period 616.54
City Wycena State WI Zip Code 53969	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jason Gammeter</b>		<b>Transaction ID: SB30B.27948</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 367 East Monroe St		Amount of Each Disbursement this Period 303.98
City Wycena State WI Zip Code 53969	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2070.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Guardian</b>		<b>Transaction ID:</b> SB30B.27929 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address PO Box 95101		Amount of Each Disbursement this Period 1556.41	
City Chicago State IL Zip Code 60694	Purpose of Disbursement Dental insurance	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Donna Heimbach</b>		<b>Transaction ID:</b> SB30B.27884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 3002 Dianne Drive		Amount of Each Disbursement this Period 1064.79	
City Middleton State WI Zip Code 53562	Purpose of Disbursement Payroll	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Donna Heimbach</b>		<b>Transaction ID:</b> SB30B.27949 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 3002 Dianne Drive		Amount of Each Disbursement this Period 498.31	
City Middleton State WI Zip Code 53562	Purpose of Disbursement Payroll	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3119.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Mark Jefferson</b>		<b>Transaction ID:</b> SB30B.27937 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1678 Cottonville Avenue		Amount of Each Disbursement this Period 2143.54
City Arkdale State WI Zip Code 54613	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Juston Johnson</b>		<b>Transaction ID:</b> SB30B.27873 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 820 Williamson Street		Amount of Each Disbursement this Period 1309.11
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Juston Johnson</b>		<b>Transaction ID:</b> SB30B.27938 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 820 Williamson Street		Amount of Each Disbursement this Period 1407.93
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4860.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Kimberly Jorns</b>		<b>Transaction ID:</b> SB30B.27874 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 15 / 2007
Mailing Address 233 N. Broadway #136		Amount of Each Disbursement this Period 1732.02
City De Pere State WI Zip Code 54115	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Jorns</b>		<b>Transaction ID:</b> SB30B.27939 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 28 / 2007
Mailing Address 233 N. Broadway #136		Amount of Each Disbursement this Period 1657.39
City De Pere State WI Zip Code 54115	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brian Kind</b>		<b>Transaction ID:</b> SB30B.27875 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 15 / 2007
Mailing Address 6403 Alison Ln		Amount of Each Disbursement this Period 1706.24
City Madison State WI Zip Code 53711	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5095.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Brian Kind</b>		<b>Transaction ID: SB30B.27940</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 6403 Alison Ln		Amount of Each Disbursement this Period 1650.95	
City Madison State WI Zip Code 53711	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kirsten Kukowski</b>		<b>Transaction ID: SB30B.27876</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 3029 Maple Valley Drive #201		Amount of Each Disbursement this Period 1100.44	
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kirsten Kukowski</b>		<b>Transaction ID: SB30B.27941</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 3029 Maple Valley Drive #201		Amount of Each Disbursement this Period 1127.62	
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3879.01</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Larry Loomis</b> Full Name (Last, First, Middle Initial) Mailing Address 3157 Muir Field Road #47 City Madison State WI Zip Code 53719 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.27885</b> Date of Disbursement 02 / 15 / 2007 Amount of Each Disbursement this Period 589.93 Category/Type
--	--	--

<b>B. Larry Loomis</b> Full Name (Last, First, Middle Initial) Mailing Address 3157 Muir Field Road #47 City Madison State WI Zip Code 53719 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.27950</b> Date of Disbursement 02 / 28 / 2007 Amount of Each Disbursement this Period 360.71 Category/Type
--	--	--

<b>C. Ryan Mahoney</b> Full Name (Last, First, Middle Initial) Mailing Address 7608 Hamilton Spring Rd City Bethesda State MD Zip Code 20817 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.27877</b> Date of Disbursement 02 / 15 / 2007 Amount of Each Disbursement this Period 255.86 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1206.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Ryan Mahoney</b>		<b>Transaction ID:</b> SB30B.27942 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 7608 Hamilton Spring Rd		Amount of Each Disbursement this Period 209.21	
City Bethesda State MD Zip Code 20817	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>B. Kathryn Mize</b>			

Full Name (Last, First, Middle Initial) <b>B. Kathryn Mize</b>		<b>Transaction ID:</b> SB30B.27878 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 414 N Livingston Street #2		Amount of Each Disbursement this Period 1726.71	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>C. Kathryn Mize</b>			

Full Name (Last, First, Middle Initial) <b>C. Kathryn Mize</b>		<b>Transaction ID:</b> SB30B.27943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 414 N Livingston Street #2		Amount of Each Disbursement this Period 1772.48	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>C. Kathryn Mize</b>			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3708.40</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffery Noltner		<b>Transaction ID:</b> SB30B.27886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 1543 Langley Lane		Amount of Each Disbursement this Period 197.53
City Madison State WI Zip Code 53718		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffery Noltner		<b>Transaction ID:</b> SB30B.27951 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1543 Langley Lane		Amount of Each Disbursement this Period 101.31
City Madison State WI Zip Code 53718		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Sherrie Osegard		<b>Transaction ID:</b> SB30B.27879 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2346 Talc Trail #208		Amount of Each Disbursement this Period 970.76
City Madison State WI Zip Code 53719		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1269.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Sherrie Osegard</b>		Transaction ID: SB30B.27944 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 2346 Talc Trail #208		Amount of Each Disbursement this Period 970.75	
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Scott Poole</b>		Transaction ID: SB30B.27887 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period 743.06	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Karoline Rezin</b>		Transaction ID: SB30B.27880 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 1836 Gruman		Amount of Each Disbursement this Period 270.12	
City Tomah State WI Zip Code 54660	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1983.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Karoline Rezin</p>		<p><b>Transaction ID:</b> SB30B.27945 <b>Date of Disbursement</b></p>	
<p>Mailing Address 1836 Gruman</p>		<p><input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City Tomah</p>	<p>State WI</p>	<p>Zip Code 54660</p>	
<p>Purpose of Disbursement Payroll</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="131.60"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>Category/ Type</p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) James Sanders</p>		<p><b>Transaction ID:</b> SB30B.27888 <b>Date of Disbursement</b></p>	
<p>Mailing Address 4510 Texas Trail</p>		<p><input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City Madison</p>	<p>State WI</p>	<p>Zip Code 53704</p>	
<p>Purpose of Disbursement Payroll</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="621.11"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>Category/ Type</p>	

<p><b>C.</b> Full Name (Last, First, Middle Initial) James Sanders</p>		<p><b>Transaction ID:</b> SB30B.27954 <b>Date of Disbursement</b></p>	
<p>Mailing Address 4510 Texas Trail</p>		<p><input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City Madison</p>	<p>State WI</p>	<p>Zip Code 53704</p>	
<p>Purpose of Disbursement Payroll</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="357.25"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>Category/ Type</p>	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**1109.96**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Charles Triller</b>		<b>Transaction ID:</b> SB30B.27889 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 609 East Gorham St #14		Amount of Each Disbursement this Period 787.38
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Charles Triller</b>		<b>Transaction ID:</b> SB30B.27955 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 609 East Gorham St #14		Amount of Each Disbursement this Period 426.90
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rick Wiley</b>		<b>Transaction ID:</b> SB30B.27858 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 529 Aztalan Drive		Amount of Each Disbursement this Period 2094.59
City Madison State WI Zip Code 53718	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3308.87</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Rick Wiley</b>		<b>Transaction ID: SB30B.27863</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 529 Aztalan Drive		Amount of Each Disbursement this Period 2094.58	
City Madison State WI Zip Code 53718	Purpose of Disbursement Payroll Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rick Wiley</b>		<b>Transaction ID: SB30B.27864</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 529 Aztalan Drive		Amount of Each Disbursement this Period 2094.58	
City Madison State WI Zip Code 53718	Purpose of Disbursement Payroll Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joshua Wilson</b>		<b>Transaction ID: SB30B.27890</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period 680.56	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4869.72</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Joshua Wilson</b>		<b>Transaction ID: SB30B.27956</b> Date of Disbursement 02 / 28 / 2007	
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period 439.98	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wisc. Dept of Revenue</b>		<b>Transaction ID: SB30B.27892</b> Date of Disbursement 02 / 15 / 2007	
Mailing Address PO Box 93208		Amount of Each Disbursement this Period 1442.90	
City Milwaukee State WI Zip Code 53293	Purpose of Disbursement Payroll tax	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Wisc. Dept of Revenue</b>		<b>Transaction ID: SB30B.27958</b> Date of Disbursement 02 / 28 / 2007	
Mailing Address PO Box 93208		Amount of Each Disbursement this Period 1305.01	
City Milwaukee State WI Zip Code 53293	Purpose of Disbursement Payroll tax	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3187.89</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>67489.23</b>

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 46 / 52 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**Transaction ID: SC/10.6376**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 5920	
City Madison State WI ZIP Code 53705	

Original Amount of Loan 110000.00	Cumulative Payment To Date 106000.00	Balance Outstanding at Close of This Period 4000.00
--------------------------------------	---	--

**TERMS**

Date Incurred MM DD YY 01 09 2002	Date Due 04/30/02	Interest Rate 5.75 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%;" type="text" value="4000.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 47 / 52 FOR LINE 13 OF FORM 3X
---	--

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**Transaction ID: SC/10.10726**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 5920	
City Madison State WI ZIP Code 53705	

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">34000.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: right;">10300.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">23700.00</div>
--	---	--

**TERMS**

Date Incurred <div style="border: 1px solid black; padding: 2px;">M M 1 2</div>	Date Due <div style="border: 1px solid black; padding: 2px;">D D 3 1</div>	Y Y Y Y <div style="border: 1px solid black; padding: 2px;">2 0 0 3</div>	Interest Rate <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	--	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">23700.00</div>
<b>TOTALS</b> This Period (last page in this line only) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">27700.00</div>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9001309			Allocated Activity or Event Year-To-Date 17823.29		
City Louisville	State KY	Zip Code 40290-1309	Date <input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Local phone service			Transaction ID: H4.27897		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.06		391.47		495.53

<b>B. Full Name (Last, First, Middle Initial)</b> AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9001309			Allocated Activity or Event Year-To-Date 19508.73		
City Louisville	State KY	Zip Code 40290-1309	Date <input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Long distance phone charges			Transaction ID: H4.27898		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
353.94		1331.50		1685.44

<b>C. Full Name (Last, First, Middle Initial)</b> Earthscapes			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 683			Allocated Activity or Event Year-To-Date 19803.73		
City Marshall	State WI	Zip Code 53559	Date <input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Snow removal			Transaction ID: H4.27899		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.95		233.05		295.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
519.95		1956.02		2475.97

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
GFC Leasing

Mailing Address  
PO Box 1129

City State Zip Code  
Madison WI 53701

Purpose of Disbursement:  
Copier lease

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

20370.03

Date 02 / 15 / 2007

Transaction ID: H4.27901

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
118.92		447.38		566.30

**B. Full Name (Last, First, Middle Initial)**  
Gordon Flesch Company

Mailing Address  
PO Box 992

City State Zip Code  
Madison WI 53701

Purpose of Disbursement:  
Copier toner

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

20601.23

Date 02 / 15 / 2007

Transaction ID: H4.27902

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.55		182.65		231.20

**C. Full Name (Last, First, Middle Initial)**  
Neenah Springs

Mailing Address  
PO Box 9

City State Zip Code  
Oxford WI 53952

Purpose of Disbursement:  
Bottled water

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

20659.27

Date 02 / 15 / 2007

Transaction ID: H4.27914

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.19		45.85		58.04

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
179.66		675.88		855.54

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Pitney Bowes Credit Corp

Mailing Address  
PO Box 85460

City State Zip Code  
Louisville KY 40285

Purpose of Disbursement:  
Postage meter postage

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

22159.27

Date 02 / 15 / 2007

Transaction ID: H4.27915

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

**B. Full Name (Last, First, Middle Initial)**  
Pro One Janitorial Inc

Mailing Address  
1486 Kenwood Center

City State Zip Code  
Menasha WI 54952

Purpose of Disbursement:  
Janitorial services

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

22659.27

Date 02 / 15 / 2007

Transaction ID: H4.27916

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**C. Full Name (Last, First, Middle Initial)**  
Waste Management

Mailing Address  
PO Box 9001505

City State Zip Code  
Louisville KY 40290

Purpose of Disbursement:  
Waste removal

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

22766.41

Date 02 / 15 / 2007

Transaction ID: H4.27919

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.50		84.64		107.14

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
442.50		1664.64		2107.14

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> West Bend Mutual Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1900 South 18th Ave			Allocated Activity or Event Year-To-Date 25909.91		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
West Bend	WI	53095	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Building Insurance			Transaction ID: H4.27922		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
660.13		2483.37		3143.50

<b>B. Full Name (Last, First, Middle Initial)</b> ITS Pay My Bill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7720 Rivers Edge Drive			Allocated Activity or Event Year-To-Date 26179.12		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Columbus	OH	43235	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Field office TDS telephone bill			Transaction ID: H4.27932		
Activity or Event Identifier: Administrative			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.53		212.68		269.21

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
716.66		2696.05		3412.71

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
1858.77		6992.59		8851.36

**Image# 27930262994**

Form/Schedule: **SC/10** On 12/30/02, we made a \$25,000 draw on our line of credit. It is shown as an accrual under the loan payments.  
Transaction ID: **SC/10.6376** FEC Tech Support has advised this procedure to show a draw on the line of credit

\*\*\*\*\*